

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-62-032038

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

STATE FILE NUMBER

DO NOT WRITE
ON THIS STUB

AMENDED

Registration District No. 277 Primary Registration District No. 5949 Registrar's No. 46

FILED AUG 29 1962

1. PLACE OF DEATH

a. COUNTY

Pike

b. CITY (If outside corporate limits, give TOWNSHIP only)
OR TOWN Bowling Green

Length of stay in 1b

6 yrs

c. FULL NAME OF (If NOT in hospital, give location)
HOSPITAL OR INSTITUTION

RFD # 1

Inside Limits
Yes ☐ No ☒

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)

a. STATE

Mo

b. COUNTY

Pike

c. CITY

OR TOWN

Bowling Green

Inside Limits

Yes ☐ No ☒

d. STREET ADDRESS

(If outside, give location)

RFD # 1

Reside on Farm

Yes ☒ No ☐3. NAME OF DECEASED
(Type or print)

First

Middle

Last

JAKE DENNIS SINGLETON

4. DATE OF DEATH

Month

Day

Year

Aug. 19 1962

5. SEX

Male

6. COLOR OR RACE

White

7. Married ☒ Never Married ☐
Widowed ☐ Divorced ☐

8. DATE OF BIRTH

9. AGE (last birthday)

IF UNDER 1 YEAR

IF UNDER 24 HR

10-6-1902

59

Months

Days

Hours

Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

Roofers & Salesman

10b. KIND OF BUSINESS OR INDUSTRY

Sidon, Ark.

11. BIRTHPLACE (City and state or country)

12. CITIZEN OF WHAT COUNTRY

US

13a. FATHER'S NAME

Ichabod Singleton

13b. MOTHER'S MAIDEN NAME

Amanda Holyfield

14. NAME OF HUSBAND OR WIFE

Ethelynn Singleton

15. WAS DECEASED EVER IN U.S. ARMED FORCES?

(Yes, no, or unknown) (If yes, give war or dates of service)

Yes

WW 2

16. SOCIAL SECURITY NO.

17. INFORMANT

Address

Ethelynn Singleton Bowling Green MO

18. CAUSE OF DEATH (Enter only one cause per line for PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a)

DUE TO (b)

Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.

DUE TO (c)

Gunshot wound in chest
Self inflicted

INTERVAL BETWEEN ONSET AND DEATH

?

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)

PART III. If deceased was female was there a pregnancy in last 90 days.

☐ Yes☐ No☐ Unknown19. WAS AUTOPSY PERFORMED?
YES ☐ NO ☒20a. ACCIDENT ☐ SUICIDE ☒ HOMICIDE ☐

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

20c. TIME OF INJURY
Hour a.m. Month, Day, Year

9:30 Aug 19-62

20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☒

20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

Home

20f. CITY, TOWN, OR LOCATION

COUNTY

STATE

RFD Bowling Green Pike Mo

21. I attended the deceased from _____ to _____ and last saw him alive on Aug 19

Death occurred at 9:30 A m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE

(Degree or title)

22b. ADDRESS

22c. DATE SIGNED

J.B. Mudd Coroner

Bowling Green, Mo

Aug 20-62

23a. BURIAL, CREMATION, REMOVAL (Specify)

Burial

23b. DATE

Aug-22-1962

23c. NAME OF CEMETERY OR CREMATORY

City Cemetery

23d. LOCATION (City, town, or county)

Bowling Green, Mo.

24. FUNERAL DIRECTOR.

ADDRESS

J.O.Mudd Bowling Green, Mo.

25. DATE RECD. BY LOCAL REG.

26. REGISTRAR'S SIGNATURE

August 22, 1962 Maude B. Williams

SEP 7 1962

AUG 30 1962

No permit obtained

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____

Signature of Student Embalmer

Signed

James E. Mudd

Licensed Embalmer No.

4152

P. O. Address

Bawling Green, Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.